## DECLARATION. POWER OF ATTORNEY. AND PETITION

As a below named inventor, I hereby declare that:

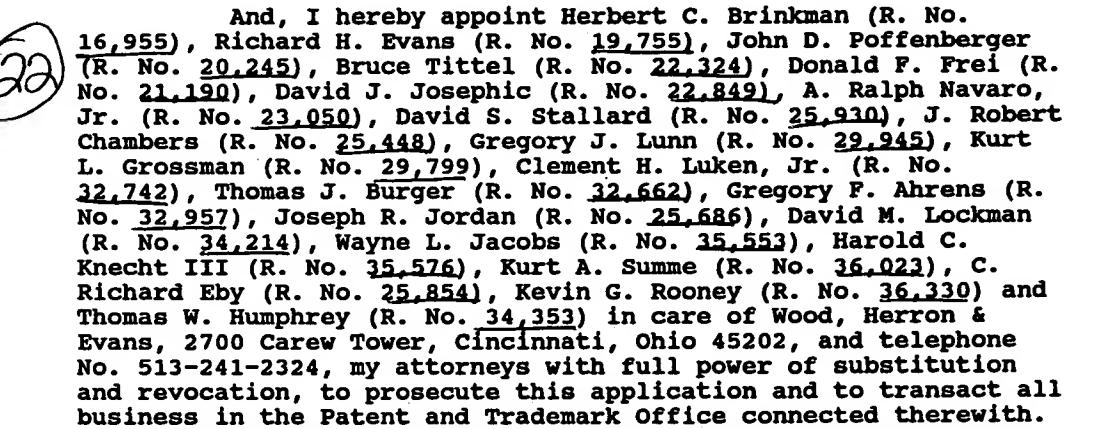
My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ADJUSTABLE the specif:			AMMABLE CONTRO	L SWITCHES		
(check one)	) жж	is attache	ed hereto.			
		was filed	on			
			tion Serial No	•		•
			ess Mail No.		, as	*
		Serial No.	not yet known	, and was a (if applica		
		was descri	bed and claime	d in PCT		
•		Internatio	nal Applicatio	n No		_,
		filed on _		, and as am	ended	_
		under PCT (if any).	Article 19 on			<b></b>
contents of	f the abo	ve identifi	I have reviewe ed specificati dment referred	on, includi		he
•	I hereby	acknowledge	the duty to d	isclose to	the Uni	ted
States Pate be materia:	ent and T l to pate	rademark Of ntability a	fice all infor s defined in T	mation know	n to me	
Federal Reg	gulations	§1.56.				
35, United patent or didentified	States C inventor' below an having	ode, §119 o s certifica y foreign a a filing da	gn priority be of any foreign te listed belo application for te before that	application w and have patent or	(s) for also invento	r's
Prior Fore	ign Appli	cation(s)			Prior <u>Claim</u>	_
(Number)	(Count	ry)	(Day/Month/Ye	ar Filed)	Yes	No
(Number)	(Count	ry)	(Day/Month/Ye	ar Filed)	Yes	No
(Number)	(Count	ry)	(Day/Month/Ye	ar Filed)	Yes	No

I hereby claim the benefit under Title 35, United States Code, \$120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, \$112, I acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations \$1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.

(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)



Wherefore I pray that Letters Patent be granted to me for the invention or discovery described and claimed in the foregoing specification and claims, and I hereby subscribe my name to the foregoing specification and claims, declaration, power of attorney, and this petition.

All correspondence should be sent to Wood, Herron & Evans, 2700

Carew Tower, Cincinnati, Ohio 45202.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor	11/5/93
Inventor's Signature	Date
5930 Sovereign Drive. Cincinnati, Oh Residence	io 45241 OH
U.S.A.	···
Citizenship	

	Applicant or Patentee: <u>David M. Brooks</u> Attorney's Docket No. <u>RMP-27</u>
	Serial or Patent No. :  Filed or Issued:
	For:  ADJUSTABLE CHAIR HAVING PROGRAMMABLE CONTROL SWITCHES
	ROOM ROOM
ţ	VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY  (STATUS (37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN  (93 5)
1	I hereby declare that I am
	<ul> <li>the owner of the small business concern identified below:</li> <li>an official of the small business concern empowered to act on behalf of the concern identified below:</li> </ul>
	NAME OF CONCERN <u>Reliance Medical Products. Inc.</u> ADDRESS OF CONCERN <u>3535 Kings Mills Road</u>
	Mason, Ohio 45040-2303
	I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over part-time or temporary basis during each of the persons employed on a full-time, and (2) concerns are affiliates of each other when either, directly or indirectly on concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.
	I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled <u>ADJUSTABLE CHAIR HAVING PROGRAMMABLE CONTROL SWITCHES</u> by inventor(s) <u>David M. Brooks</u> described in:
	(x) the specification filed herewith
~,	[] application serial no, filed, patent no, issued
	If the rights held by the above-identified business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). *Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR 1.27).
	NAME
	ADDRESS   INDIVIDUAL [ ] SMALL BUSINESS CONCERNS
	[ ] INDIVIDUAL [ ] SMALL BUSINESS CONCERN [ ] NONPROFIT ORGANIZATION
	NAME
	ADDRESS [ ] INDIVIDUAL [ ] SMALL BUSINESS CONCERN ( ) NOVERDADORS
	[] INDIVIDUAL [] SMALL BUSINESS CONCERN [] NONPROFIT ORGANIZATION  I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance due after the date on which status as a small entity is no longer appropriate.
•	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the branched to be true; and
	statements and the like so made are punishable by fine or imprisonment, or both.
	false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.
·	NAME OF PERSON SIGNING
:	ADDRESS OF DEPOSIT STAN OWNER Vice President
•	SIGNATURE  3535 Kings Mills Road  - Mason, Ohio 45040-2303
,	DATE 114143.